PTO/SB/06 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											Application or Docket Number		
APPLICATION AS FILED - PART I (Column 1) (Column 2)									SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA		7	RATE (\$)	FEE (\$)	]	RATE (\$)	EEE (8)
BASIC FEE (37 CFR 1.16(a), (b), or (c))								7	10(12(0)	395	1	KATE (4)	FEE (\$)
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(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE			•					4					
(37 CFR 1.16(o), (p), or (q))								╛					1
TOTAL CLAIMS (37 CFR 1.16(i))				minus :	20 =	•		1	×25=		OR	×50 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus	3 -			1	× 100		ı Ön	300	<del>                                      </del>
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(37 CFR 1.16(s))			additions	I:50 Fine	-tstor-	raction it	emarancee	a <b>Project</b>	refilianis	Programmer	<sup>শে</sup> প্রজ্ঞ	le constante services	Transpersor.
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									780			1360	
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL		
	APPL	ICAT	ION AS A	AMEND	ED -	PART II				•	•		
APPLICATION AS AMENDED - PART II													THAN
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	Independent (37 CFR 1.16(h))	•	4	Minus	***	4	=	1	JM.		OR	300	
	Application Size Fee (37 CFR 1.16(s))									ŲK.	<b>SCO</b> -	· ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							IJ	180		OR	360	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									180		OR	360	
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This office in the mignest Number Previously Paid For (Total or independent) is the highest number round in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [ OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 BASIC FEE 770.00 OR TOTAL CHARGEABLE CLAIMS minus 20= XS 9= XS18= OR INDEPENDENT CLAIMS minus 3 = X43≈ X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL ago CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-4 REMAINING NUMBER PRESENT AMENDMENT TIONAL RATE TIONAL RATE **AFTER** PREVIOUSLY **EXTRA AMENDMENT** PAID FOR FEE FEE **Total** Minus •• ·X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AFTER** PREVIOUSLY **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column<sup>2</sup>) (Column 3) CI AIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT AFTER RATÉ TIONAL **PREVIOUSLY** EXTRA RATE TIONAL **AMENDMENT** PAID FOR FEE FEE AMENDA Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

+290=

ADDIT, FEE

TOTAL

+145=

ADDIT. FEE

TOTAL

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."